

INCOME WITHHOLDING ORDER REQUEST

Instructions: Complete this request form for a single debtor only. If plan payments are to be split between two debtors, please submit two separate requests.

After completion of this request, attorney **SHOULD** upload completed form to the 13Documents at www.13documents.com. The preferred method of submission is through 13Documents; however, email (13trustee@ch13mdal.org) remains an option. Attorney's "/s/" and typed name and date is acceptable. You can use the TAB key to quickly navigate through the form.

Do Not File This Request with The Court and Do Not Mail Copy to Trustee

UPLOAD FORM TO 13DOCUMENTS
at: WWW.13DOCUMENTS.COM

Debtor Information	Case Number:		
Debtor Name:			
Debtor Type:		Primary	Joint
Employment Information			
Employer Name:			
Address Line :			
City:		State:	Zip Code:
Debtor's plan payment amount and frequency of payment:			
Payment Amount:		\$	
Pay Frequency:		Weekly	Bi-weekly Semi-monthly Monthly
I hereby request that the Chapter 13 Trustee for the Middle District of Alabama, to cause an Income Withholding Order to be issued to the employer for the above referenced Chapter 13 debtor.			
Atty for Debtor(s):			Date: